Tips for Recovering Parents Wishing to Break Intergenerational Cycles of Addiction

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Severe alcohol and other drug (AOD) problems have a propensity to be transmitted from generation to generation in vulnerable families. A question we frequently hear from recovering parents is, "What can I do as a parent to lower my children's risks of developing the problems that have so affected my own life?" We believe there are actions parents can take to help break the intergenerational transmission of such problems. Rating the following statements will help you refine your own response to this critical question.

Rate each statement below from 1 to 4 based on the following scale:

4= Strongly Agree
3= Agree
2= Disagree
1= Strongly Disagree

Self-Care and Modeling

___ I maintain an active program of personal recovery.

Your recovery lowers your children's risk for a broad spectrum of problems; continued alcohol and other drug problems increases their risk for similar problems in their transitions into, through and out of adolescence.

___ I never smoked or have stopped smoking.

Your smoking increases your children's risk of smoking which, in turn, increases their risks for excessive alcohol and other drug use.

___ I maintain a balance between my personal recovery activities and my parenting responsibilities.

Periodically re-evaluating and adjusting this balance based on your needs and the needs of your children can help prevent the further abandonment some children feel as a result of their parent's recovery support activities.

___ I have reached out to other parents in recovery informally or through groups such as Al-Anon or Families Anonymous.

Support from other parents in recovery can enhance your parenting skills, answer questions about parenting that come up in the context of recovery and help alleviate the strain your family may experience in the transitions from active addiction to recovery and through the stages of long-term recovery.

___ I model a healthy style of communicating, coping and problem solving.

Families have preferred styles of coping, and families affected by addiction frequently adapt styles that adversely affect the emotional development of children and increase their risks for self-medication and other potentially self-harming behaviors. Break this pattern by modeling for your children and through your relationships with them a more positive style of communication, coping and problem solving.

Understanding

___ I recognize that my children have an elevated risk for developing a substance use disorder over the course of their lives.

Children born of parents with a severe substance use disorder have 4-5 times the risk of developing such a disorder in their lifetime compared to children born of parents with no history of a substance use disorder.

___ I also realize that biological risk is not destiny; resilience is the norm.

Most children born into intergenerational patterns of AOD problems will NOT develop such problems.

___ I recognize that my children will be exposed to alcohol and other drugs in their transitions through adolescence and young adulthood.

Based on the latest national student survey, 71% of youth will have experimented with alcohol and 48% with illicit drugs by the time they are finished with high school. 41% of 8th graders, 69% of 10th graders and 82% of 12th graders report that it is easy to obtain illicit drugs.

Mending

___ I have expressed regret to my children for any insults or injuries they incurred as a result of my addiction and any problems for them that flowed from it.

___ I have asked their forgiveness, expressed my intent to be the best parent possible, and have tried to made direct amends to my children where possible.

___ I have expressed admiration to my children for how well they adapted through my addiction years.

These actions all serve to expunge some of the negative emotions that can inhibit development of fresh, recovery-grounded, parent-child relationships.

___ I have expressed gratitude to those who assumed care giving responsibilities for my children and who supported my children during my active addiction.

Communicating/Informing

___ I have shared family stories with my children that convey their familial risk for alcohol and other drug problems.

These stories are best shared as acts of candid truth telling rather than sermons.

___ I have helped my children understand acts of excessive alcohol/drug use they have observed or heard discussed within family and social gatherings.

___ I have explained my addiction/treatment/recovery experience in language appropriate to each of my children's respective levels of maturity.

What you are seeking here is aiding each child and the family as a whole to redefine their story based on an understanding of what things were like before, what happened that changed that, and what things are like now. These story reconstructions and storytelling processes are essential to personal and family recovery from addiction.

___ I have talked to my children about their risk/resilience potential.

The key here is to convey this information in an emotionally neutral, informational tone and to place this in a larger discussion of family risk factors, e.g., for such disorders as cancer, heart disease or diabetes. You want to cultivate awareness without over-dramatizing or emotionally loading this issue. Timing is everything for such communications: look for "teachable moments."

___ I have provided particular cautions to my children about using alcohol/drugs during periods of physical or emotional distress.

Some recovering parents choose to talk with their children about reasonable guidelines regarding alcohol and drug use decision-making, including the option of abstinence as a preventative strategy.

Family Living

___ I have worked to redefine family relationships, roles, and rules that may have been damaged or lost as a result of my addiction.

Family members take on specialized roles to help keep the family functioning in the face of illness or injury to one or both parents, these roles can become distorted, and new rules emerge that minimize immediate threats to family survival but tend in the long run to perpetuate the problem. Rebalancing these roles and relationships and creating healthier rules for family communication and problem solving enhances the health of all family members.

___ We have (re-)established and maintain family rituals that facilitate regular connection and opportunities for communication.

Children are most negatively affected in families in which the severity of addiction disrupts the predictability and quality of such experiences as family meals, rituals of entry and exit from the home, end-of-day family rituals, and holiday rituals.

___ I work to minimize and quickly resolve conflict within my family.

Two factors in families affected by addiction that have the greatest negative impact on children are low family cohesion and high family conflict.

___ I try to cultivate activities/skills in my children that expand their opportunities for positive peer relationships based on activities other than alcohol or drug use.

What you are seeking to cultivate in the lives of your children are relationships and activities that compete with and that are incongruent with drug use.

___ We maintain a sober household—one free of intoxication.

The message here is that one can live fully, work diligently, play joyfully and cope with life's most difficult challenges—all without intoxicants.

___ I have tried to demystify alcohol.

It is advisable to "emotionally unload" alcohol by exposing children to situations in which they observe alcohol used in moderation via religious or social rituals and in which drinking is not the central activity.

___ I have sought help for my children when they were distressed by the changes in the family precipitated by my recovery.

The goal here is to reduce emotional distress of your children before it reaches a state where self-medication becomes attractive and rewarding.

Parenting

___ I have tried to avoid over-indulging my children.

Over-indulgence is a common parental response to guilt over past neglect or injury.

___ I am trying to build a relationship with each of my children marked by safety, security, consistency, predictability, and unconditional love.

This is the best foundation for preventing and responding to problems in the lives of your children.

___ I affirm my child's interests and talents through positive communications and my continued interest in their activities.

Positive and open communications in which adolescents are able to talk about their experiences and aspirations are associated with lower risk for substance use. Verbal affirmation and physical presence of parents in the lives of their children are key sources of self-value in children.

____ I have tried to inculcate values in my children that are incongruent with excessive alcohol/drug use

There are values that are incongruent with addiction and thus commonly linked to recovery within diverse cultural contexts, e.g., humility, honesty, patience, respect, tolerance, maturity, responsibility, gratitude, forgiveness.

___ I have tried to personally link observed intoxication of others as incongruent with attributes admired by each of my children.

Children will vary widely in their reasons for refraining from AOD use, e.g., personal values related to religious faith, social popularity, physical health, physical attractiveness, athletic prowess, academic achievement, future professional success.

___ I have created clear guidelines and consequences related to alcohol use for my children and have enforced them through consistent monitoring.

AOD-related problems in adolescents occur less frequently in families that create and enforce clear expectations related to AOD use. Explaining the reasons behind the particular guidelines presents them as an assertion of concern and care rather than an arbitrary effort to control.

___ I have tried or am trying to postpone my child's initial use of alcohol or other drugs as long as possible through guidance and close supervision.

Early age of onset of alcohol or drug use is a major predictor of adult substance use disorders.

___ I recognize that the start or end of my children's important friendships are times of heightened vulnerability and show increased interest and support during such periods.

There are developmental windows of vulnerability that warrant a heightened level of observation and support of your children.

___ I have sought or will seek help early if problems develop.

The rule on timing of help is: the earlier the onset of help, the better the long-term recovery prognosis. Try to respond as early as possible to signs of emotional, mental or behavioral disorders whose acute symptoms could be lessened with alcohol or other drugs.

Closing Exercise

Having reviewed my ratings, I think what I have done best in reducing the risks my children face in developing an AOD-related problem is:

1._____

2._____

3._____

Based on my self-rating, I think the three most important things I can do in the coming days, weeks and months are:

1._____

2._____

3._____

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